

MI1000004031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

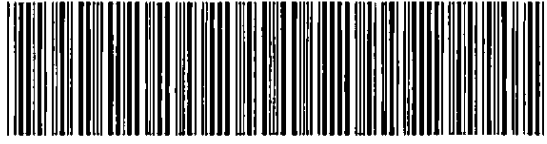
(Business Entity Name)

(Document Number)

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19 JUL 16 PM 10:19
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TALLAHASSEE, FLORIDA

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2019 JUL 16 PM 4:14
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K. SALY
JUL 17 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 845468 7288091
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : July 16, 2019
ORDER TIME : 3:52 PM
ORDER NO. : 845468-035
CUSTOMER NO: 7288091

FOREIGN FILINGS

NAME: WATERFORD PARK APARTMENTS, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

2019 JUL 16 PM 4:11
Tallahassee, FL 32301
REGISTERED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Waterford Park Apartments, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

August 11, 2011

(Date registered with Florida Department of State)

M11000004031

(Florida Document Number)

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19 JUL 16 PM 10:19
STATE OF FLORIDA
TALLAHASSEE

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Donna Cohen

(Signature of authorized representative)

Donna Cohen

(Typed or printed name of signee)

Filing Fee: \$25.00